PHOTOCOPY
DMARC

COPY

(NON-CREDIT)

Mr. / Mrs. / Miss — LAST NAME: OSWALD — FIRST: LEE — MIDDLE: H.

RESIDENCE ADDRESS: 602 ELSBETH

OCCUPATION: Comm. Photo.

EMPLOYER: JAGGERS PRNT. CO.

BUSINESS ADDRESS: 532 Browder.

Res. Phone: _____ Business Phone: _____ 23 Yrs. of Age

Original Fees Due _____

Add'n'l (Mid-Term) _____

PAYMENTS		
Date	Receipt No.	Amt.
1/25/63	24817	9.00

Fall 19__ H.S. Spring 19__

SUBJECT	INSTRUCTOR	RM.	TIME	RM.	SUBJECT	INSTRUCTOR
			4:15 to 5:15			
			5:15 to 6:15			
Typing	Graham	118	6:15 to 7:15			
			7:15 to 8:15			
			8:15 to 9:15			

DALLAS INDEPENDENT SCHOOL DISTRICT
PUBLIC EVENING SCHOOL
REGISTRATION CARD
E-6—10M—2-63—68

Schedule arranged by _____

Date enrolled 1-14-63 FALL _____ SPRING

INDEXED

INT. 2965—3 cm